

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA
PITTSBURGH DIVISION**

In re:

BRIAN J. GRUBBS
KELLY A. GRUBBS
Debtor(s)

Case No. 19-22570CMB

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Ronda J. Winnecour, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 06/27/2019.
- 2) The plan was confirmed on 08/23/2019.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 01/14/2020, 08/03/2020, 01/21/2021, 03/03/2023.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 07/12/2024.
- 6) Number of months from filing or conversion to last payment: 61.
- 7) Number of months case was pending: 64.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$4,881.15.
- 10) Amount of unsecured claims discharged without full payment: \$29,217.92.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$102,285.94
Less amount refunded to debtor	\$629.26

NET RECEIPTS: \$101,656.68

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$7,984.58
Court Costs	\$0.00
Trustee Expenses & Compensation	\$5,120.48
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$13,105.06

Attorney fees paid and disclosed by debtor: \$1,025.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ALLEGHENY HEALTH NETWORK	Unsecured	30.00	NA	NA	0.00	0.00
ALLEGHENY HEALTH NETWORK	Unsecured	30.00	NA	NA	0.00	0.00
ALTUS DIAGNOSTIC LAB	Unsecured	30.00	NA	NA	0.00	0.00
CAMBRIA THRIFT CDC++	Secured	3,468.00	0.00	1,386.72	1,386.72	339.76
CAPITAL ONE BANK (USA) NA BY AN	Unsecured	264.14	336.18	336.18	0.00	0.00
CAPITAL ONE BANK (USA) NA BY AN	Unsecured	3,390.83	3,390.83	3,390.83	0.00	0.00
CAPITAL ONE BANK (USA) NA BY AN	Unsecured	3,598.00	3,538.11	3,538.11	0.00	0.00
CAPITAL ONE**	Unsecured	294.00	NA	NA	0.00	0.00
CAPITAL ONE**	Unsecured	294.00	NA	NA	0.00	0.00
CAPITAL ONE**	Unsecured	3,390.00	NA	NA	0.00	0.00
CBCS	Unsecured	148.52	NA	NA	0.00	0.00
CORDANT HEALTH SOLUTIONS	Unsecured	138.50	NA	NA	0.00	0.00
CORDANT HEALTH SOLUTIONS	Unsecured	447.71	NA	NA	0.00	0.00
CORDANT HEALTH SOLUTIONS	Unsecured	447.71	NA	NA	0.00	0.00
CREDIT COLLECTION SERVICES	Unsecured	138.00	NA	NA	0.00	0.00
CREDIT COLLECTION SERVICES	Unsecured	505.50	NA	NA	0.00	0.00
CREDIT COLLECTION SERVICES	Unsecured	33.70	NA	NA	0.00	0.00
CREDIT COLLECTIONS USA	Unsecured	831.50	NA	NA	0.00	0.00
CREDIT ONE BANK	Unsecured	661.00	NA	NA	0.00	0.00
DENTAL WORKS	Unsecured	170.00	NA	NA	0.00	0.00
DENTAL WORKS	Unsecured	170.00	NA	NA	0.00	0.00
ERC	Unsecured	154.00	NA	NA	0.00	0.00
ERC	Unsecured	153.86	NA	NA	0.00	0.00
GU INCORPORATED	Unsecured	194.24	NA	NA	0.00	0.00
GU INCORPORATED	Unsecured	3.00	NA	NA	0.00	0.00
HARLEY DAVIDSON CREDIT CORP*	Unsecured	7,761.00	7,761.71	7,761.71	0.00	0.00
JONATHAN P KRIZNER DDS D/B/A NC	Unsecured	253.18	671.81	671.81	0.00	0.00
LATROBE HOSPITAL	Unsecured	73.52	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	21.78	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	204.33	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	200.47	NA	NA	0.00	0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
LATROBE HOSPITAL	Unsecured	243.50	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	11.41	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	204.33	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	200.47	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	21.78	NA	NA	0.00	0.00
LATROBE HOSPITAL	Unsecured	243.50	NA	NA	0.00	0.00
LVNV FUNDING LLC	Unsecured	560.21	714.34	714.34	0.00	0.00
LVNV FUNDING LLC	Unsecured	149.00	459.49	459.49	0.00	0.00
LVNV FUNDING LLC, ASSIGNEE	Unsecured	166.00	NA	NA	0.00	0.00
MERCURY	Unsecured	490.38	NA	NA	0.00	0.00
MERCURY	Unsecured	522.00	NA	NA	0.00	0.00
NORVELT DENTAL	Unsecured	232.95	NA	NA	0.00	0.00
NORVELT DENTAL	Unsecured	115.60	NA	NA	0.00	0.00
PEDIATRIC ASSOCIATES OF WESTMC	Unsecured	30.00	NA	NA	0.00	0.00
PEDIATRIC ASSOCIATES OF WESTMC	Unsecured	30.00	NA	NA	0.00	0.00
PEOPLES NATURAL GAS CO LLC*	Unsecured	NA	105.24	105.24	0.00	0.00
PEOPLES NATURAL GAS CO LLC*	Priority	NA	NA	NA	3,088.90	0.00
PERFECT SMILE DENTAL GROUP	Unsecured	16.20	NA	NA	0.00	0.00
PHEPLE FEDERAL CREDIT UNION	Secured	6,719.27	6,744.78	6,744.78	6,744.78	572.04
PNC BANK NA	Secured	166,286.10	156,232.97	0.00	34,188.67	0.00
PNC BANK NA	Secured	0.00	20,079.19	20,079.19	20,079.19	0.00
PREMIER MEDICAL ASSOC	Unsecured	99.00	NA	NA	0.00	0.00
QUEST DIAGNOSTIC VENTURE LLC	Unsecured	123.50	NA	NA	0.00	0.00
RADIOLOGIC CONSULTANTS LTD	Unsecured	136.62	NA	NA	0.00	0.00
RADIOLOGIC CONSULTANTS LTD	Unsecured	21.01	NA	NA	0.00	0.00
SS GROVER MD AND ASSOCIATES	Unsecured	89.00	NA	NA	0.00	0.00
UPMC PHYSICIAN SERVICES	Unsecured	NA	122.64	122.64	0.00	0.00
US DEPARTMENT OF EDUCATION	Unsecured	18,027.00	NA	NA	0.00	0.00
US DEPARTMENT OF EDUCATION	Unsecured	37,187.00	NA	NA	0.00	0.00
US DEPARTMENT OF EDUCATION	Unsecured	56,048.94	NA	NA	0.00	0.00
WESTMORELAND COUNTY TAX CLA	Priority	NA	NA	3,118.79	3,118.79	951.26
WESTMORELAND COUNTY TAX CLA	Priority	NA	NA	2,936.25	2,936.25	607.95
WESTMORELAND COUNTY TAX CLA	Priority	NA	NA	3,566.07	3,566.07	374.49
WESTMORELAND COUNTY TAX CLA	Secured	2,748.15	NA	8,035.04	8,035.04	2,561.71
WESTMORELAND HOSPITAL	Unsecured	177.49	NA	NA	0.00	0.00
WESTMORELAND HOSPITAL	Unsecured	177.49	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$34,188.67	\$0.00
Mortgage Arrearage	\$20,079.19	\$20,079.19	\$0.00
Debt Secured by Vehicle	\$8,131.50	\$8,131.50	\$911.80
All Other Secured	\$8,035.04	\$8,035.04	\$2,561.71
TOTAL SECURED:	\$36,245.73	\$70,434.40	\$3,473.51
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$9,621.11	\$12,710.01	\$1,933.70
TOTAL PRIORITY:	\$9,621.11	\$12,710.01	\$1,933.70
GENERAL UNSECURED PAYMENTS:	\$17,100.35	\$0.00	\$0.00

Disbursements:	
Expenses of Administration	<u>\$13,105.06</u>
Disbursements to Creditors	<u>\$88,551.62</u>
TOTAL DISBURSEMENTS :	<u>\$101,656.68</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 10/18/2024

By: /s/ Ronda J. Winnecour

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case , therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.